Mississippi Secretary of State 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE	PROCEDURES	NOTICE	FILING
ADMINISTRATIVE	FINOCLUGINGS	INC LICE	I I CIII V

ADMINISTRATIVE PROCEDURE.	NOTICE HEINS					
AGENCY NAME Mississippi Department of Mental Health (MDMH)		CONTACT PERSON Stephanie Foster	TELEPHONE NUMBER 601-359-1288			
ADDRESS		CITY Jackson		STATE MS	ZIP 39201	
239 N. Lamar St. Suite 1101 EMAIL stephanie.foster@ dmh.state.ms.us	SUBMIT DATE 06/24/13	Name or number of rule(s): Agency: Mississippi Department of Mental Health (MDMH) Title 24; Part 8 – Rules, Regulations and Application Guldelines for the Licensed DMH Administrator Program (formerly Licensed Mental Health/Mental Retardation Administrator)				
Short explanation of rule/amendment/rep Guidelines for the Licensed DMH Administrator and requirements for individuals seeking licen inadvertently left out of the Administrative Co being filed as a manual. Specific legal authority authorizing the pro List all rules repealed, amended, or suspe (MDMH) Rules, Regulations and Application Gu	Program (formerly Licersure in the DMH Licers de compilation. It is be imulgation of rule: Seconded by the propose	used Mental Health/Mental Retardation ed DMH Administrator credentialing ling filed as an amendment to the exiction 41-4-7 of the Mississippi Code, 1 d rule: This proposed action amend	n Administrate program. The sting docume 972, Annotate is the existing	or): this docume is document is b nt, with some su d Mississippi Depa	nt promulgates standards eing filed because it was ibstantive changes, and is artment of Mental Health	
ORAL PROCEEDING:						
An oral proceeding is scheduled for	r this rule on Date	e: Time: Place: _				
Presently, an oral proceeding is no	t scheduled on this	rule.				
If an oral proceeding is not scheduled, an oral pten (10) or more persons. The written request notice of proposed rule adoption and should in agent or attorney, the name, address, email ad comment period, written submissions including ECONOMIC IMPACT STATEMENT:	should be submitted to to clude the name, address dress, and telephone nu	he agency contact person at the above , email address, and telephone numbe mber of the party or parties you repres	e address with Ir of the perso Sent. At any ti	in twenty (20) da n(s) making the r me within the tw	equest; and, if you are an venty-five (25) day public	
Economic impact statement not re	equired for this rule.	Concise summary of e	conomic im	pact stateme	nt attached.	
TEMPORARY RULES Original filing Renewal of effectiveness	Action propo	rule(s)	Date Prop Action tal	FINAL ACTION ON RULES Date Proposed Rule Filed: Action taken: Adopted with no changes in text		
To be in effect in days Effective date: Immediately upon filing	Repe	dment to existing rule(s) al of existing rule(s) tion by reference lal effective date:	Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed			
Other (specify):	X 30 da	ys after filing · (specify):	Effective 30			
Printed name and Title of person authoriz Signature of person authorized to file rule	ed to file rules: <u>Steph</u> s: <u>Steph</u>	anie Fosten Director, MDMH Divis	ion of PLACE			
OFFICIAL FILING STAMP		T WRITE BELOW THIS LINE FICIAL FILING STAMP		OFFICIAL FILING STAMP		
,		JUN 2 4 2013 MISSISSIPPI RETARY OF STATE				
Accepted for filing by	Accepted fo	or filing by	Accepted for filing by			

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.